

72 Hour Report of Birth to Minor

Explanation below

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| AGENCY | Referred to (Name of Agency) | | NOTICE TO THIRD PARTIES – Minnesota Statutes, Sec. 15.162, allows recipients access to recorded data. Be informed that upon request of the recipient or his or her legal representative, this Department is required to provide the information contained on this form. Any statements included in the client's file may be opened to his or her inspection. | |
| | Mother has been advised that this report has been sent to the agency <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| CHILD | Child's Name (Last) (First) (Middle) | | | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | County of Birth | <input type="checkbox"/> Born Alive <input type="checkbox"/> Fetal Death |
| MOTHER | Mother's Name (Last) (First) (Middle) (Maiden) | | | Telephone |
| | Birthdate | Street Address | City | State Zip County |
| HOSPITAL | Name of Hospital Street Address City State Zip County | | | |
| | Signature of Person Making Report | | Telephone | Is an agency providing service to the mother? <input type="checkbox"/> Yes (please list agency) <input type="checkbox"/> No Agency Name _____ _____ |
| | Title | | Date | |

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| EXPLANATION | Minnesota Statute 257.33 requires hospitals to report each birth to a minor mother to the county social services agency in the county in which the minor mother resides. The birth must be reported within three working days, and the mother must be informed that the report was made. |
| | The purpose of the report is to enable the county social services agency to contact the mother and establish a plan for herself and her child. The plan must consider the age of the minor parent, the involvement of the minor's parents or other adults, the involvement of the father, a decision to parent or place the child for adoption, completion of high school or GED, economic support and plans for self-sufficiency, parenting skills, living arrangements, child care and transportation needed for education, training or employment, ongoing health care and other services as needed. |
| | This form is prepared and printed by the Minnesota Department of Human Services. |